Sources of Consequence Data for Underage Drinking

This resource includes a listing of major national-, state- and local-level sources of consequence data for underage drinking, including websites, descriptions, and geographic levels. For national- and state-level data sources, caveats and data and analysis tools are provided. For local-level data sources, possible contacts and suggestions on what data to request are provided.

National and State Data Sources

Data Source	**Alcohol-Related Disease Impact (ARDI)**: http://apps.nccd.cdc.gov/DACH_ARDI
Description	Online application that provides national and state estimates of alcohol-related health impacts, including deaths and years of potential life lost.
Source Includes	Estimates calculated for 54 acute and chronic causes, reported by age and sex for 2006-2010, and downloadable: http://apps.nccd.cdc.gov/DACH_ARDI o Alcohol-Attributable Deaths (ADD) o Years of Potential Life Lost: Alcohol-related years of life lost resulting from premature death o Alcohol-Attributable Fractions: Proportion of deaths from various causes that are attributable to alcohol
Caveats	The ARDI application is used to assess **alcohol-attributable deaths (AAD) and years of potential life lost** over a specified period of time, usually 5 years. The application is not set up to examine trends in AAD or YPLL over time mainly due to the year-to-year variations in these estimates that may not be due to alcohol consumption.
Geographic Level	National and state
Data and Analysis Tools	Data analysis tool (2006 – 2010): https://apps.nccd.cdc.gov/DACH_ARDI/Default/AccountProfile.aspx?Mode=Add o Users can conduct analyses of alcohol-related harms using the ARDI application, after creating an account

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Data Source	Bureau of Justice Statistics (BJS): www.ojp.usdoj.gov/bjs
Description	BJS collects, analyzes, publishes, and disseminates information on crime, criminal offenders, victims of crime, and the operation of justice systems at all levels of government.
Source Includes	Topical reports, such as the relationship between drug and alcohol abuse and crime. Users can create individualized data tables.
Caveats	
Geographic Level	National and agency-level counts
Data and Analysis Tools	Arrest Data Analysis Tool (1980 – 2012): http://bjs.ojp.usdoj.gov/index.cfm?ty=datool&surl=/arrests/index.cfm - Driving under the influence - Liquor laws - Drunkenness

Data Source	CDC Wide-Ranging Online Data for Epidemiological Research (CDC WONDER): http://wonder.cdc.gov
Description	CDC WONDER is a public health research tool that includes easy access to public documents on numerous health-related topics, as well as public-use data sets on deaths, births, cancer incidence, HIV and AIDS, census data, population and the environment. Mortality data on underlying and multiple cause of death are available on CDC WONDER via the Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS), Office of Analysis and Epidemiology.
Source Includes	• The Underlying Cause of Death and Multiple Cause of Death databases in CDC WONDER contain mortality data provided on death certificates from all U.S. counties in all 50 states and the District of Columbia for the years 1999 to 2011. Counts and rates (crude and age-adjusted) as well as 95% confidence intervals and standard errors for death rates can be obtained by underlying cause of death, age, race, Hispanic ethnicity, sex, year, month, and day of death. Data are also available by urbanization categories, drug and alcohol related causes of death, injury intent and mechanisms, place of death and whether an autopsy was performed. In addition to all of these indicators, the Multiple Causes of Death database includes both a single underlying cause of death and up to 20 multiple causes of death.

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	• The Compressed Mortality database includes mortality data provided on death certificates from all U.S. counties in the 50 states and the District of Columbia for 1968 through 2010. Counts and rates are available by underlying cause of death, age, race, Hispanic ethnicity, sex, year, month, and day of death, urbanization categories, drug and alcohol related causes of death, injury intent and injury mechanisms.
Caveats	Underlying cause of death for years prior to 1999 uses the International Classification of Diseases 9th Revision (ICD 9) codes (see Compressed Mortality data). Beginning in 1999, underlying causes of death uses the International Classification of Diseases 10th Revision (ICD 10) codes (see Detailed Mortality data). The ICD revisions differ substantially, so to prevent confusion about the significance of any specific disease code, the data queries are separate.
Geographic Level	National, state, and county
Data and Analysis Tools	• Underlying Cause Mortality Data (Detailed): http://wonder.cdc.gov/ucd-icd10.html • Compressed Mortality Data: http://wonder.cdc.gov/mortSQL.html • Multiple Cause Mortality Data: http://wonder.cdc.gov/mortSQL.html

Data Sources	Fatality Analysis Reporting System (FARS): www.nhtsa.gov/FARS
Description	FARS is the National Highway Traffic Safety Administration's nationwide reporting system on fatal injuries suffered in motor vehicle traffic crashes. FARS contains data on all vehicle crashes within the 50 states, the District of Columbia and Puerto Rico that occur on a public roadway and involve a fatality. FARS data comprise numerous indicators including drug test results of the decedent where available.
Source Includes	Data derived from a census of fatal traffic crashes within the 50 States, the District of Columbia, and Puerto Rico.
Caveats	To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway customarily open to the public and result in the death of a person (occupant of a vehicle or a non-motorist) within 30 days of the crash
Geographic Level	National and state
Data and Analysis Tools	• FARS Web-based Encyclopedia – Data Query System (1994 – 2012): http://www-fars.nhtsa.dot.gov/Main/index.aspx • FARS FTP Site containing FARS data in downloadable format (1975 – 2013): ftp://ftp.nhtsa.dot.gov/fars/

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Data Source	Treatment Episode Data Set (TEDS): http://wwwdasis.samhsa.gov/webt/information
Description	TEDS is part of SAMHSA's Drug and Alcohol Services Information System (DASIS). TEDS is a compilation of data on the demographic and substance abuse characteristics of admissions to (and more recently, on discharges from) substance abuse treatment. It includes admissions to facilities that are licensed or certified by the State substance abuse agency to provide substance abuse treatment (or are administratively tracked by the agency for other reasons). In general, facilities reporting TEDS data are those that receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services.
Source Includes	Admissions to facilities that are licensed or certified by the state substance abuse agency to provide substance abuse treatment (or are administratively tracked by the agency for other reasons). Data are updated quarterly.
Caveats	• Does not include all admissions to substance abuse treatment • In general, facilities reporting TEDS data are those that receive state alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services. o Differences in state systems of licensure, certification, accreditation, and disbursement of public funds affect the scope of facilities included in TEDS. Treatment facilities that are operated by private, for-profit agencies, hospitals, and the state correctional system—if not licensed through the state substance abuse agency—may be excluded from TEDS. • Does not include data on facilities operated by federal agencies (e.g., Bureau of Prisons, Department of Defense, Veterans Administration) • TEDS admissions do not represent individuals (i.e., an individual admitted to treatment twice within a calendar year would be counted as two admissions.)
Geographic Level	National and state
Data and Analysis Tools	• Substance Abuse and Mental Health Data Archive (1992 – 2012): www.icpsr.umich.edu/icpsrweb/SAMHDA/browse • TEDS Admission Tables (2012 – 2013): http://wwwdasis.samhsa.gov/webt/tedsweb/tab_year.choose_year_web_table?t_state=US

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Data Source	Uniform Crime Reports (UCR) Program: www.fbi.gov/about-us/cjis/ucr
Description	The Federal Bureau of Investigation's UCR program collects and reports data from over 18,000 voluntarily participating federal, state, county, city, tribal, and university/college law enforcement agencies. Data are available for all 50 states and the District of Columbia.
Source Includes	UCR program areas include reported crimes in the U.S., detailed crime incidence reports (National Incidence-Based Reporting System), law enforcement officers killed and assaulted, and hate crime statistics.
Caveats	Data are voluntarily submitted by law enforcement agencies.
Geographic Level	National, regional, and state
Data and Analysis Tools	• Table-building tool: State-by-state and national crime estimates by year (1960 – 2012): http://www.ucrdatatool.gov/ • Data tables (1995 – 2012): http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/offenses-known-to-law-enforcement/offenses-known-to-law-enforcement

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Local Data Sources

Data Source	Community Health Centers
Description	Community, Migrant, and Public Housing Health Centers are non-profit, community-directed providers that remove common barriers to care by serving communities who otherwise confront financial, geographic, language, cultural and other barriers. Also known as Federally-Qualified Health Centers (FQHCs), they: • Are located in high-need areas identified as having elevated poverty, higher than average infant mortality, and where few physicians practice; • Are open to all residents, regardless of insurance status or ability to pay; • Tailor services to fit the special needs and priorities of their communities, and provide services in a linguistically and culturally appropriate manner; • Provide comprehensive primary and other health care services, including services that help their patients access care, such as transportation, translation, and case management; • Provide high quality care, reducing health disparities and improving patient outcomes; and • Are cost effective, reducing costly emergency, hospital, and specialty care, and saving the health care system $24 billion a year nationally.
Possible Contact	National Association of Community Health Centers (NACHC) works with a network of state health center and primary care organizations to serve health centers in a variety of ways. The NACHC Research Department http://www.nachc.com/research-data.cfm collects data, performs analysis, and applies information to empower communities in their efforts to improve public health. Their website includes fact sheets by state: http://www.nachc.com/state-healthcare-data-list.cfm
What to Request	Most community health centers collect data on: • Types of services provided • Number of staff • Number of patients encountered (for substance abuse, not specified by drug type) • Number of patients (for substance abuse, not specified by drug type) • Demographic and socioeconomic characteristics of patients served

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Data Source	Police Department or Sheriff's Offices
Description	- Arrest data - Alcohol-related data on: - Arrests - Bookings - Seizures - Testing
Possible Contact	List of names, addresses, and phone numbers for local law enforcement agencies: www.usacops.com
What to Request	- Total number of arrests during a specific time period - Number of arrests for alcohol - Demographic characteristics of arrestees by type of arrests (possession, sales) - Test data (urinalysis, hair testing, or other testing)

Data Source	Hospitals
Description	Hospitals maintain patient-level records that include date of admissions and date of discharge. Hospital admissions and discharge data provide comprehensive health-related information including patient's demographics, insurance status, clinical diagnoses, and medical procedures. Hospitals submit their data based on the date of patient discharge.
Possible Contact	- Local or state hospital - State health department
What to Request	Hospital inpatient discharge data by hospital location that includes: - Date of admission and discharge - Total number of drug related diagnoses at discharge by drug type - Demographic characteristics of patients by clinical diagnoses, specifically drug use related diagnoses

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Data Source	Medical Examiner or Coroner Offices
Description	Medical Examiner and Coroner Officers maintain mortality data indicating the number of deaths by date, time, and cause. Underlying cause of death refers to the disease, substance, or injury that initiated the occurrences directly leading to death.
Possible Contact	• State or County Office of Vital records (death records) • Medical examiner • Coroner
What to Request	• Case number • Date of death • Demographic characteristics of the decedent (gender, age, race/ethnicity) • Manner of death • Blood-alcohol levels • Primary, secondary, tertiary causes of death • Other conditions • Zip code in which death occurred

Data Source	Schools
Description	States and/or local school districts may sponsor school-administered surveys to collect information from middle school and high school students on self-reported alcohol, tobacco and other substance use, including marijuana use. School surveys usually measure prevalence of substance use, factors affecting substance use, and students' attitudes regarding substance use. In addition, some surveys include outcome or consequence indicators related to substance use such as, school suspension, expulsion, and other disciplinary actions
Possible Contact	• State and county Departments of Education;

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	• Staff from local school districts:
	   o Administrators
	   o Superintendent
	   o School data managers (if any)

What to Request	• Expulsions and/or suspension data related to substance use • Other disciplinary action data related to substance use • School-administered survey data that includes student demographics by substance type and related outcomes

Data Source	Treatment Programs

Description	• Data collected at time of admission
	   o Substance(s) used by the client entering treatment
	   o Client characteristics (gender, age, race/ethnicity, etc.)

Possible Contact	Director of the treatment facility. List of treatment facilities by location: http://findtreatment.samhsa.gov
What to Request	• Primary substance of abuse • Sociodemographic characteristics of client • Frequency of alcohol use • Referral source, such as the criminal justice system • Type of services received • Reason for discharge

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References

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